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## \*BIBDATASHEET\*

CONFIRMATION NO. 7775

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/769,157	<b>FILING OR 371(c) DATE</b> 01/29/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1616	<b>ATTORNEY DOCKET NO.</b> 00037.09CON
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 10/155,373 05/22/2002 PAT 6,737,043  
 which claims benefit of 60/294,203 05/24/2001  
 and claims benefit of 60/317,479 09/05/2001  
 and claims benefit of 60/345,876 11/09/2001  
 This application 10/769,157  
 is a CON of 10/735,495 12/12/2003 PAT 7,018,619  
 which is a CON of 10/155,373 05/22/2002 PAT 6,737,043

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\*  
 \*\* 06/14/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 1	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

37485

## TITLE

DELIVERY OF ALPRAZOLAM, ESTAZOLAM, MIDAZOLAM OR TRIAZOLAM THROUGH AN INHALATION  
 ROUTE

<b>FILING FEE RECEIVED</b> 1372	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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